

Case Number:	CM15-0107507		
Date Assigned:	06/15/2015	Date of Injury:	10/19/2011
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old female who sustained an industrial injury on 10/19/2011. Mechanism of injury was a slip and fall. Diagnoses include status post right PCL, with moderate pain and weakness. Treatment to date has included diagnostic studies, medications, activity modification, physical therapy, and home exercise program. A Magnetic Resonance Imaging of the right knee done on 12/18/2014 showed a repaired intact posterior cruciate ligament, and there is an abnormal signal in the anterior portion of the repaired posterior cruciate ligament. Differential diagnosis includes inflammatory changes in the repaired posterior cruciate ligament. On 01/13/2015, an ultrasound of the bilateral knees was done and showed status post right posterior cruciate ligament reconstruction on 01/09/2014 and with this report revealed intact PCL reconstruction/ ACL abnormal echo pattern best visualized during the dynamic exam/findings consistent with a partial thickness tear/normal menisci/remainder of exam is normal. Normal left knee. A physician progress note dated 05/06/2015 documents the injured worker complains of right knee pain with popping, clicking and giving away. She rates her pain with medications as 4 out of 10, and without medications her pain is 8 out of 10. With her medications he is able to perform her activities of daily living, and has improved participation in her home exercise program. There is tenderness to palpation of the right knee and positive crepitus. She is having muscle spasm and gait abnormality. She complains of heartburn and stress and anxiety. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for Internal Medicine Consultation, Norco 7.5/325 MG #120 and Orthopedic Surgeon Consultation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 7. 5/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 42-year-old female with a slip and fall injury on 10/19/2011. She had a right knee posterior cruciate ligament repair. On 12/18/2014, a right knee MRI revealed an intact PCL with an abnormal anterior cruciate ligament signal. There were similar findings on a right knee ultrasound on 01/13/2015. She had right knee pain and the right knee continues to give way. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request for Norco 7.5/325 MG #120 is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6-Independent Medical Examinations and Consultations, page 127, 156, Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 42-year-old female with a slip and fall injury on 10/19/2011. She had a right knee posterior cruciate ligament repair. On 12/18/2014, a right knee MRI revealed an intact PCL with an abnormal anterior cruciate ligament signal. There were similar findings on a right knee ultrasound on 01/13/2015. She had right knee pain and the right knee continues to give way. There is no objective documentation of a specific internal medicine condition for which an internal medicine consultation is needed. Therefore, this request is not medically necessary.

Orthopedic Surgeon Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6-Independent Medical Examinations and Consultations, page 127, 156, Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 IME and Consultations, page 127.

Decision rationale: The patient is a 42-year-old female with a slip and fall injury on 10/19/2011. She had a right knee posterior cruciate ligament repair. On 12/18/2014, a right knee MRI revealed an intact PCL with an abnormal anterior cruciate ligament signal. There were similar findings on a right knee ultrasound on 01/13/2015. She had right knee pain and the right knee continues to give way. The patient had an acute right knee injury, PCL repair with continued instability of the knee with knee pain; the MRI is abnormal. There is instability despite the repaired PCL being intact. An orthopedic consultation is medically necessary and is consistent with ACOEM guidelines.